## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 532934

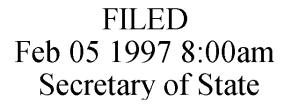
(7)

RESEARCH REPORTS, INC.

Principal Place of Business 2502 BOCKY PT DR 4880

Mailing Address

2502 ROCKY PT OR 4880





TAMPA FL 33607			TAMPA FL 33607-1447											
									ate Incorporate	d or Qualified		ate of Last /05/1996		]
,	lace of Business	2a. Mailing Address						I Number			<del>'</del>	Applied For	7	
21			26					1					ot Applicable	
Suite, Apt #, etc			Suite, Apt. #, etc. 27 Suite 145					5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip 24	25	Country	Zip 29	¬ ' - '				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   Yes □ No						1
			istered Agent				10. Name and Address of New Registered Agent						┥	
250	versom, ron						lame Street Addre		. Box Number is					
						<b>84</b> C	City	:			FL	<b>85</b> Zip	Code	
office or i	registered agent	of Sections 607.0502 or both, in the State cand accept the obligat	if Florida. Such	change was	authorized	l by th	amed corp e corporati	oration s ion's boa	ubmits this stat rd of directors.	ement for the p I hereby acce	NITONSO O	f changing pointment a	its registered s registered	
SIGNATURE	Signature, typed or pr	ented name of registered agent	and title if applicable	e (NO	TE Registered	Agent si	ignature require	ed when rela	nelatino)		DATE	· · · · ·		
12.		OFFICERS AND	DIRECTORS		13.	-			DITIONS/CHAN	GES TO OFFIC		DIRECTO	RS IN 12	1
TITLE	PD			DELETE	1.1 111	LE						Change		- 18
NAME	SEVERSON	, ronald J.			1.2 NA	ME								1
STREET ADDRESS	2502 ROCK	Y PT DR #860			1.3 STF	REET ADD	ORESS	CO2	Aock.	. AL C	) <u>H</u>	1145		ို
CITY-ST-ZIP	TAMPA FL				1.4 CIT	Y-ST-Z	IP GC	3 V AC	11001	1 -1 -	<b>,</b> ,			12
TITLE				DELETE	21 111	LE						Change	☐ Addition	7
NAME					2.2 NA	ME								
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CITY - ST - ZIP					2. 4 CI	ry-st-z	rip							1
TITLE				DELETE	3.1 TIT	LE		•				Change	Addition	7
NAME					3.2 NA	ME	- 1							1
STREET ADDRESS					3.3 STF	EET ADE	ORESS							i
CITY+ST-ZIP					3.4. C)1	Y-ST-2	ne l							
TITLE				DELETE	4.1 TIT	LE						Change	Addition	1
NAME					4. 2 NA	ME								
STREET ADDRESS					4.3 STF	REET ADD	XRESS							1
CITY-ST-7IP					4.4 CIT	Y-ST-20	P							
TITLE				DELETE	5.1 TIT	LE						Change	Addition	٦
NAME	ļ				5.2 NAI	ME								
STREET ADDRESS					5.3 STF	REET ADD	oress							
CITY - ST - ZIP					5.4 CiT	Y - 5T - <i>Z</i> I	P							
TITLE				DELETE	6.1 TtT							Change	Addition	1
NAME					6.2 NA	ME								
STREET ADDRESS	-				. It	REET ADD	ORESS							
CITY - S1 - ZIP					6.4 CIT	Y - \$T - ZI	Р							
14. I do herel	by certify that the	information supplied	with this filing o	does not qual	lify for the e	exemp	tion stated	in Section	on 119.07(3)(i),	Florida Statute	s. I furthe	r certify tha	t the	1

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, or on an attaction with an address.

SIGNATURE: